

CONSENT TO RELEASE FOR BACKGROUND CLEARANCES AND DISPOSITION OF FINDINGS

I, \_\_\_\_\_, hereby give my permission to:  
Print Full Name

1. The **Department of Human Services, Benefit, Employment and Support Services Division** to obtain and review my record of any criminal history; and
2. The **Department of Human Services, Social Services Division**, to provide information about my case, from their records to the **Department of Human Services, Benefit, Employment and Support Services Division**. The information to be reviewed is limited to any confirmed history of child abuse, neglect, or threatened harm in which I was involved and identified as the perpetrator/abuser, and is protected under the Hawaii Revised Statutes §346-10 and Hawaii Administrative Rules §17-601 and §17-1601-5 and cannot be disclosed without my written consent unless otherwise permitted by federal or state regulations or court order.

Initial \_\_\_\_\_ I understand that the purpose of the consent to release authorized herein is to enable the Department of Human Services, Benefit, Employment, and Support Services Division, to review criminal history and child abuse/neglect history contained in my records to determine my suitability to be a child care provider as defined by HAR 17-891.1-3, 17-892.1-3, 17-895-3 & 17-896-3, and if I may pose a risk to children:  
1) in my care as a child care provider; 2) as a household member residing with a family child care provider; or 3) as a staff member of a child care facility.

Initial \_\_\_\_\_ I understand that if I have any criminal history that poses a risk to children in care and/or any history as a confirmed perpetrator of child abuse or neglect, I or the provider I work for or reside with will be deemed ineligible:

- 1) to operate a licensed child care facility/home;
- 2) to accept employment or continue to be employed in a licensed child care facility; or
- 3) to be utilized as a child care provider for clients who receive child care subsidies through the Department of Human Services.

Initial \_\_\_\_\_ I understand that by signing this written consent, the Department of Human Services may disclose to the Child Care Provider a general written statement (**page 1 of this form, and/or by letter**) that the reason the household/facility will be deemed ineligible for child care licensing or child care subsidy is due to my criminal history and/or child abuse/neglect history.

This consent to obtain and review my criminal history and child abuse/neglect history records is valid for a twelve month period from the date signed below in accordance with Hawaii Administrative Rules §17-601-3(c)(8)(A)(iv).

Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY DHS:**

PROVIDER/FACILITY NAME: \_\_\_\_\_

TYPE OF CLEARANCE (*please mark only one*):

☐ INITIAL

☐ ANNUAL

INDIVIDUAL'S NAME: \_\_\_\_\_

DHS STAFF NAME: \_\_\_\_\_

**CHECK ONLY ONE FOR  
EACH CLEARANCE RESULT**

DATE COMPLETED		NO RECORD FOUND	RECORD FOUND DETERMINED:	
			CLEARED	POSES A RISK
	RESULTS OF FINGERPRINTING CHECK (Federal)			
	RESULTS OF FINGERPRINTING CHECK (State)			
	RESULTS OF STATE NAME CHECK			
	RESULTS OF CHILD ABUSE/NEGLECT CHECK			

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**Part I: To be completed by DHS Staff requesting criminal and child abuse/neglect history clearance**

**Purpose for criminal history / child abuse/neglect clearance (please mark only one):** ☐ Licensing ☐ Payments

Requesting DHS office & address:

(Office stamp here)

This request for criminal and child abuse/neglect is for:

**(Please mark only one.)**

☐ Initial (fingerprinting, state name check & CA/N check)

☐ Annual (state name check & CA/N check only)

Child Care Payments for client: \_\_\_\_\_

**(Please mark only one.)** This criminal and child abuse/neglect history clearance is for:

☐ a child care provider

☐ other adult household member residing with child care provider: \_\_\_\_\_

☐ staff member of child care facility: \_\_\_\_\_

**PART II: To be completed by individual to conduct criminal and child abuse/neglect history clearance**

INSTRUCTIONS: Please print (black ink) or type all information in Parts II and III and sign as required.

Full Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Any Alias(es)/Former Name(s), Including Maiden name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Sex: ☐ M

☐ F \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair \_\_\_\_\_

Child Care Provider and Phone No.: \_\_\_\_\_

(Include name of specific facility if applicable, e.g., Jane Doe-FCC, KCAA-Muriel, YMCA-Nuuanu Branch)

**PART III NOTICE: THE FOLLOWING INFORMATION IS REQUIRED BY LAW TO BE FURNISHED UNDER PENALTY OF FALSE SWEARING, AND FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE BY LAW.**

**(Please mark only one.)**

☐ I have never been arrested and/or convicted of a crime.

☐ I have been arrested and/or convicted of the crime(s) listed below:

(Do not include minor traffic violations involving a fine of \$50 or less.)

DATE & PLACE OF CONVICTION OR ARREST

OFFENSE

SENTENCE/FINED

I declare under penalty of false swearing (HRS §710-1061) that the foregoing is true and correct and complete.

Signature

Date

**PART IV: To be completed by DHS or HCJDC Staff completing criminal history clearance.**

FILE SEARCH DATA

Findings: \_\_\_\_\_

By: \_\_\_\_\_

DHS or HCJDC Staff

Date: \_\_\_\_\_